



# Medicaid Community Options

## Course 7: Service Definitions

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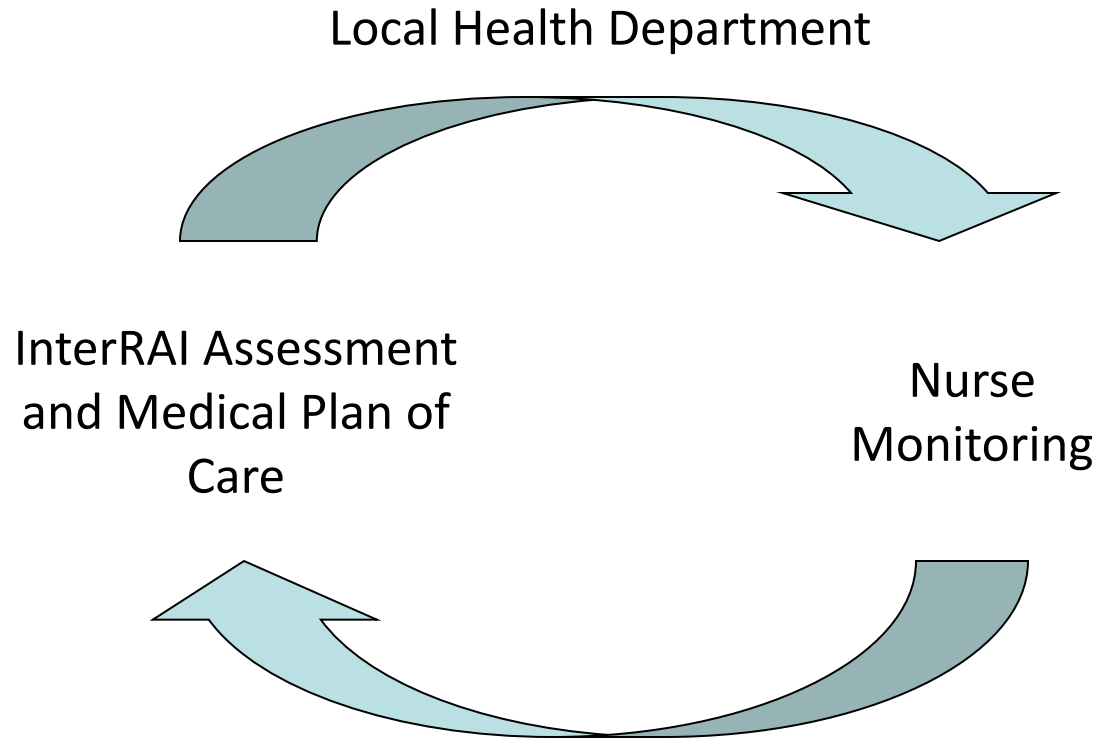


# Services Offered by Program

	CPAS	CFC	Waiver
Personal Assistance Services	×	×	×
Case Management/Supports Planning	×	×	×
Nurse Monitoring	×	×	×
Personal Emergency Back-up Systems		×	×
Transition Services		×	×
Consumer Training		×	×
Home Delivered Meals		×	×
Assistive Technology		×	×
Accessibility Adaptations		×	×
Environmental Assessments		×	×
Medical Day Care			×
Nutritionist/Dietician			×
Family Training			×
Behavioral Consultation			×
Assisted Living			×
Senior Center Plus			×



# Nurse Monitoring by the Local Health Department



# Nurse Monitoring

- The local health department provides quality oversight of personal assistance services.
  - If the participant resides in an assisted living facility or personal assistance is not being provided, nurse monitoring should not be on the plan of service.
- Nurse monitors do not delegate nursing tasks– that is the responsibility of the RSA delegating nurse.
- Nurse monitoring does not include skilled tasks – if skilled nursing services are required, they must be provided by another program.



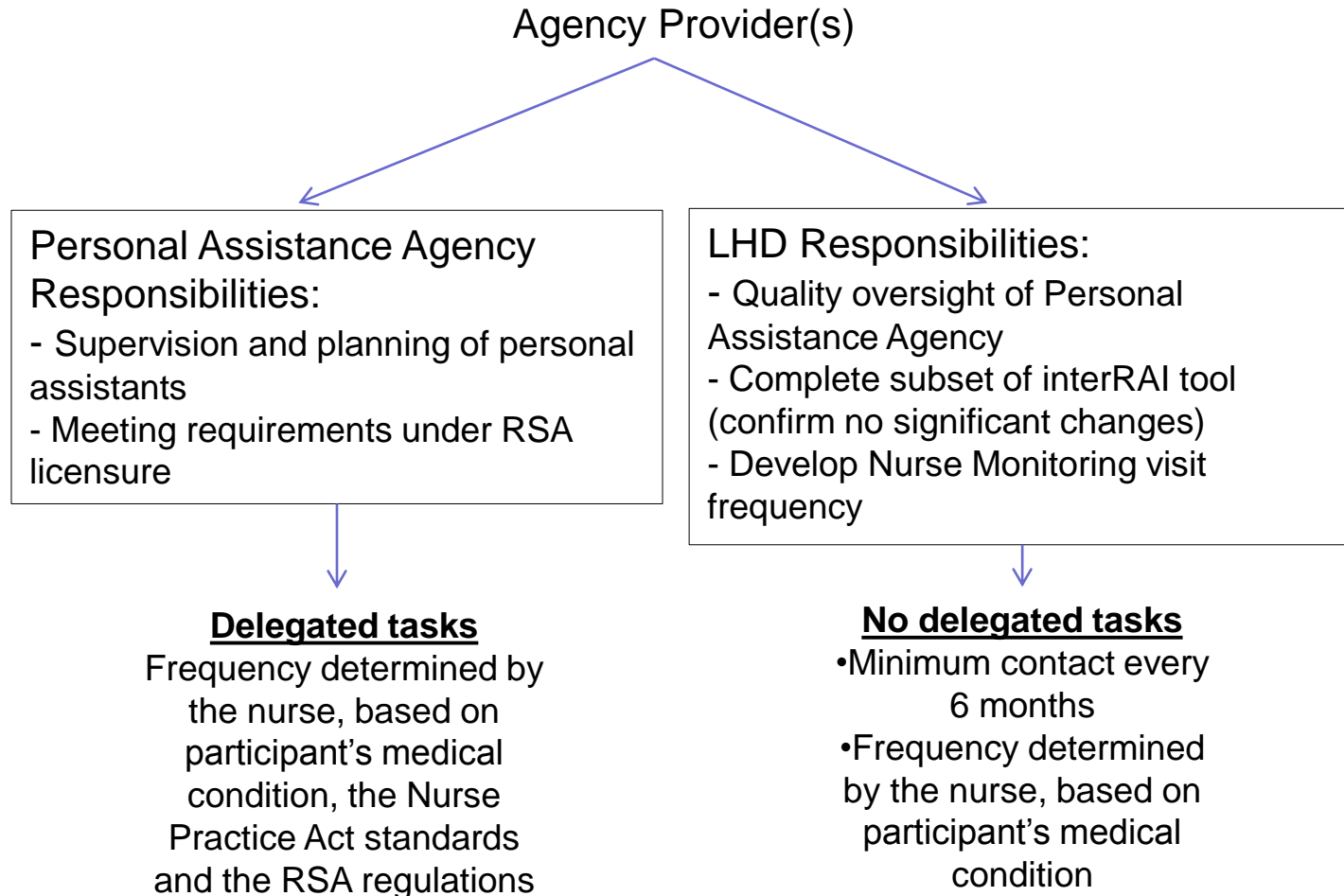
# Nurse Monitoring

- The LHD recommends frequency of nurse monitoring visits.
- Inform the participant that he or she may waive nurse monitoring.
  - However, you should advise them of the health and safety issues.
  - A waiver form must be completed and signed.
  - At minimum, two contacts must occur each year (mid-year and annual home visit for assessment).

[Nurse Monitoring Waiver Form](#)



# Nurse Monitoring Under CFC & CPAS



# Supports Planning

- Recommended frequency:
  - 20 hours per year for participants living in an assisted living.
  - 3 hours per month for participants living in their home.
  - 6 hours per month for pending applicants.
- Expectation is more time spent with the participant during development of the plan of service; ongoing contact should not require as much time.
- Similar to nurse monitoring, supports planning may be waived.

[Supports Planning Waiver Form](#)



# Consumer Training

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- The topics covered by consumer training may include, but are not limited to money management and budgeting, independent living and meal planning.
- These activities are to be targeted to the individualized needs of the participant receiving the training; and sensitive of the educational background, culture, and general environment of the participant receiving the training.
- Consumer training must be provided by an approved Medicaid provider.



# Environmental Assessment

- An assessment of the person's home may be completed upon request to identify improvements to make the house functional and safe for the participant.
- Included in the environmental assessment, as necessary, may be:
  - An evaluation of the condition of the participant,
  - Environmental factors in the facility or home,
  - The participant's ability to perform ADLs,
  - The participant's strength, range of motion (ROM) and endurance, and
  - The participant's need for assistive devices and equipment.



# Environmental Adaptations

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- An environmental assessment should be completed before submitting a request for an environmental adaptation.
- Multiple quotes/bids are required for purchases exceeding \$1,000.
- Combined limit of \$15,000 over three years when combined with technology.



# Environmental Adaptations

- May include:
  - Automatic door openers
  - Grab bars
  - Ramp
  - Repair to previous adaptation
  - Stair glide or lift
  - Structural change (internal)
  - Structural change (external)
  - Other



# Environmental Adaptations

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- May not include adaptations that:
  - Are of general maintenance, such as carpeting, roof repair, and central air conditioning,
  - Are not of direct medical or remedial benefit to the participant,
  - Add to the home's total square footage, or
  - Modify the exterior of the home, other than the provision of ramps.



# Technology

- Most equipment and supplies are covered under another Medicaid benefit – Disposable Medical Supplies and Durable Medical Equipment (DMS/DME).
  - DMS/DME must be billed first if it is coverable.
  - Items determined not medically necessary by DMS/DME cannot be covered as technology.
- Items not covered under the DMS/DME formulary may be covered under CFC if it substitutes for human assistance and supported by 10.09.84.18.
- Technology covered under these programs includes non-experimental technology or adaptive equipment, excluding service animals, which enables a participant to live in the community and participate in community activities.



# Technology

- Technology must
  - Prevent the participant's institutionalization
  - Ensure the participants health, safety and independence
  - Specifically related to ADLs and IADLs within the approved POS
- Examples of technology:
  - Audio devices for the blind
  - Communication devices
  - Over the bed table
  - Water temperature gauge



# Personal Emergency Response System

- A personal emergency response system (PERS) is an electronic device, piece of equipment or system which, upon activation, enables a participant to secure help in an emergency, 24 hours per day, seven days per week.
- There are a variety of devices and systems available to meet individual needs and preferences of CFC participants choosing this service.
  - This service may include any or all of the following components: purchase/installation and monthly maintenance/monitoring of a PERS device.
  - Systems are available in various languages



# Personal Emergency Response System

- CFC Regulations limit the use of PERS as follows in COMAR 10.09.84.23
  - Reimbursement for Personal Emergency Response System is limited to participants who:
    - Live alone; or
    - Have no regular caregiver for extended parts of the day and would otherwise require extensive routine supervision to ensure the participant's health and safety



# Transition Assistance

- Expenditures essential for transition and linked to an assessed need for an individual to transition from an institution to a community-based home setting.
  - Such as security and utility deposits, bedding, basic kitchen supplies, and other necessities.
    - All items should be listed with quantities and total cost.
  - Transition funds are limited to \$3,000.
- Items must be essential to a successful transition and may be secured up to 60 days post-transition.
- Transition Funds providers will only pay for items on an approved plan of service.
- Excludes recreational and non-essential items such as home décor, TVs, internet access, and gaming systems.



# Transition Funds

- Transition funds may include funds for/to:
  - Obtain housing (e.g. security deposit)
  - Secure essential utilities (e.g. installation/set up fees)
  - Basic furniture
  - Small appliances or other approved appliances
  - Essential personal or household items
    - Personal items such as soap, toilet paper, etc
    - Household items such as sheets, dishes, towels, etc
  - Transition related transportation

[Transition Fund Forms](#)



# Flexible Funds

- Only available to MFP participants transitioning from a nursing facility.
- Includes funds for groceries, transportation, birth certificates and other needed items that could not otherwise be funded by Medicaid.
  - All items should be listed with quantities and total cost.
- Limitations
  - \$700 per transition (must be spent within 60 days of transition)
  - Transition funds must be exhausted



# Transition Funds Providers

- Transition funds providers make direct payments to purchase goods using transition funds, MFP flex funds, and “other” items or services that substitute for human assistance.
  - “Other” Items that substitute for human assistance are those that cannot be provided by other enrolled providers
  - The transition funds provider will not pay for assistive technology, environmental assessments or modifications, or home-delivered meals
- The transition funds provider will review the POS to make sure all the requested expenditures have been approved and will not make payments if an item is not specifically listed on an approved POS.
  - The supports planners must assist in gathering and uploading receipts.



# Assisted Living

## (Community Options and ICS only)

- Assisted Living Facilities are paid for providing a collection of services.
  - The participant may be required to contribute to the cost of room and board. This will be determined in the waiver application process.
  - A “level” is determined (level 2 or 3) by the Assisted Living Facility (this determines the rate in the Plan of Service).
- Services that may overlap with Assisted Living include:
  - Medical Day Care
  - Behavioral Health Consultation
  - Senior Center Plus



# Assisted Living

## (Community Options and ICS only)

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- Services not allowable for a person in an assisted living are:
  - Nurse monitoring,
  - Personal assistance services,
  - Home-delivered meals,
  - Environmental assessment and adaptations,
  - Technology,
  - PERS installation and/or monitoring,
  - Dietitian and nutritionist services,
  - Consumer Training, and
  - Family Training.



# Who are the Providers in LTSSMaryland?

- The LTSSMaryland system has a list of all providers enrolled in Medicaid.
  - Paperwork completed, ready to work.
  - List of providers is updated weekly
- If the person is not in LTSSMaryland, they are most likely not a provider (or the system hasn't caught up yet that week).



# How Do I Find Providers?

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[County by County Provider Lists](#)

[Maryland Access Point](#)

(<https://md.getcare.com>)

[LTSSMaryland](#)

(<https://ltssmaryland.org>)

